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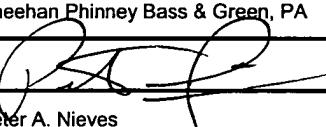
Total Number of Pages in This Submission

Application Number	10/816,097
Filing Date	April 1, 2004
First Named Inventor	Jeffrey A. Jackson
Art Unit	3632
Examiner Name	LE, tan
Total Number of Pages in This Submission	17264-6102

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of Mailing; and Post Card
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Sheehan Phinney Bass & Green, PA		
Signature			
Printed name	Peter A. Nieves		
Date	1/9/06	Reg. No.	48,173

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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A handwritten signature in black ink, appearing to read "Elaine Cote".

Signature of Person Mailing: Elaine Cote

Name of Person Mailing: Elaine Cote

Our Docket No.: 17264-6102

For: Restriction Requirement



01-10-06

Spw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. Of: Jeffrey Jackson Group Art Unit: 3632  
Serial No.: 10/720,365 108116097 Examiner: LE, Tan  
Filed: November 24, 2003 DOCKET: 17264-6102 (formerly  
4/1/04 Jackson.1002)  
For: APPARATUS FOR DISPLAYING ORNAMENTAL OBJECTS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE AND AMENDMENT**

Dear Sir:

This amendment is being filed in response to the non-final Office Action mailed December 8, 2005. In response thereto, please enter the following amendment and consider the following remarks.

**AUTHORIZATION TO DEBIT ACCOUNT**

It is not believed that extensions of time or fees for net addition of claims are required, beyond those that may otherwise be provided for in documents accompanying this response. However, in the event that additional extensions of time are necessary to allow consideration of this response, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a) and any fee required therefore are hereby authorized to be charged to deposit account No. 501304.

**AMENDMENTS**

Please amend the application as follows:

**Amendments to the Claims** begin on page 3.